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ABSTRACT

Intended to guide Air Force infant caregivers in providing high quality group care for infants 6 weeks to 6 months of age, this infant care guide must be used in conjunction with other Air Force regulations on day care, such as AFR 215-1, Volume VI (to be renumbered AFR 215-27). After a brief introductory chapter (Chapter I), Chapter II indicates the importance of parent caregiver communication and ways caregivers can provide information to and obtain information from parents. Chapter III describes the ideal Air Force infant caregiver in terms of knowledge of infant development, enjoyment of and affectionate interaction with infants, reliabliity and consistency in caregiving, additional personal attributes, and management skills. Individualized schedules are discussed and guides for infant feeding, diapering, and napping are provided in Chapter IV. Chapter V guides caregivers in establishing a learning environment for infants less than 6 months old. Guidelines for detecting illnesses, diseases, and skin conditions of infants are given in Chapter VI. The final chapter (Chapter VII) indicates procedures to be implemented in medical emergencies involving infants. (Author/RH)

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UNITED STATES AIR FORCE

CHILD CARE CENTER

INFANT CARE GUIDE

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Col Howard Johnson, MC
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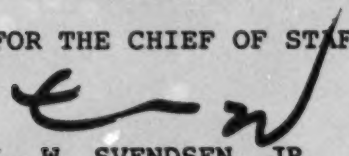
PREFACE

Air Force child care centers are playing a changing role in the Air Force community. As part of that changing role, you will now begin to provide care for 6-week-old infants.

This guide was prepared by a team of experts dedicated to assisting you in ensuring that quality care is available from the outset of this crucial program. Remember, in today's world, a primary issue is concern for resources. You have been charged with the development and preservation of our most important natural resource--children. We are confident that you recognize this responsibility and are committed to your newest role.

FOR THE CHIEF OF STAFF



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Chapter 1

PURPOSE AND OVERVIEW OF AIR FORCE INFANT GUIDE

This guide is intended to help you, the caregiver, provide quality group care for infants ages 6 weeks to 6 months. The early months of life are important. They lay the foundation for later social, physical, emotional, and intellectual development. Warm, personal interaction between caregivers and infants helps to define the environment in which infants grow, learn, explore, and respond.

By using this guide, you can better identify developmental patterns of young infants. You can design daily schedules which reflect each infant's requirements. You create a learning environment in which motor, language, social, emotional, and intellectual skills and activities are improved. Finally, through affectionate and consistent care, you can help the infant feel comfortable. The infant learns to trust that his or her needs will be met by you.

For many years, child development specialists and pediatricians thought that young infants belonged only at home with

their mothers. Group care was not considered suitable, and many people felt that young infants would really suffer if they were separated from their mothers. Some of these theories were based upon infant care in stark, institutional wartime orphanages where babies were rarely held, talked to, or comforted.

Recent studies during the late '60s and '70s have demonstrated that in a suitable atmosphere, infants follow normal developmental patterns in group care. They also learn to socially respond to other infants and adults. As more parents with young children are required to work, quality day care may reflect a new type of extended family. The ideal relationship between the child care center staff and families is complementary rather than competitive.

One of the goals of this infant guide is to encourage cooperation and communication between parents and the child care staff. The infant is a member of two different worlds--the center and the family. The parent has daily information about an infant which a caregiver needs in order to plan the

infant's schedule. You provide the parent with essential information about the child's day. Together, you both can appropriately respond to the child's requirements.

Another goal of this guide is to provide useful information for you, the staff member who has the opportunity to take care of young babies. For example, steps for feeding and diapering are outlined. The importance of naps and individual patterns of sleeping is explained. Age-appropriate activities combined with developmental patterns are described to create a rich learning environment. Sections on health and medical emergencies provide precise and available reference information.

A third goal of the guide is to emphasize that each infant coming to the child care center is an individual who has already mastered certain skills. The baby has definite patterns of sleeping, eating, and ways of responding to the environment. The infant is not helpless, but is dependent.

He or she has learned to cry to communicate distress and quiets down when picked up.

You will notice the differences among your 6-week-old babies, both in temperament and daily patterns. Staff members have the opportunity to create individualized daily schedules which are appropriate for each infant. Babies in our programs will progress and learn in a healthy group environment where they experience loving and considerate care.

This guide should be read by every employee providing infant care in Air Force child care centers. It provides a basis for training caregivers to implement quality care for infants. This guide must be used in conjunction with other Air Force regulations on child care, such as AFR 215-1, Volume VI (to be renumbered AFR 215-27).

Chapter 2

PARENTS AND CAREGIVERS

Parent play an important role in any infant care program. Since parents have the final responsibility for the well-being of their babies, they need to be familiar with the center's goals and daily activities. You can help parents by giving information, answering questions, and responding to their concerns.

Good communication between you and the parents is a key to a successful program. Encourage parents to visit the center before enrolling their child in the program. Arrange visits so they are not disruptive to the center operation. The first interview with the director and the appropriate staff members allows parents to observe the daily schedule and ask questions. Review any required forms and basic center rules during this meeting. This exchange of information lays the groundwork for future communication.

After the infant is enrolled, continue daily communication with the parents. Parents with young infants need to know about sleeping, feeding, and daytime behavior patterns in order to plan the evening's schedule. Caregivers require

information about the infant's evening and early morning. By sharing information, you and they can plan a balanced day and evening for the infant. Parents may want to visit the center during the day to check on their child or spend some time with him or her. When possible, encourage and support these contacts between parents and their babies.

You and the parents may not always have the opportunity to talk to each other. Daytime staff changes and busy arrival and departure times may hinder personal contact. When you do have a chance to talk to parents, share information about their infant's day. Discuss exciting aspects of the child's activities with parents. Learn from parents about the baby's general behavior at home. Always be polite and friendly with parents and help them feel that they play an important part in the program.

The caregiver and director may also be useful resources for parents. New parents often have questions about their child's progress. Some parents might think, "My child is difficult" or "My child is too quiet." You can reassure parents about individual differences among infants and how infants grow and develop. If there are specific problems that do require the advice of specialists or a pediatrician, the director can help the parents seek the proper guidance.

Since daily contact between caregivers and parents is not always possible, forms provide some of the necessary information. There should be a general parent bulletin board in the

front lobby listing center schedules, special activities, and rules. In the infant room, a bulletin board for daily information on each child should be maintained. Have parents prepare forms about their infant's sleeping and eating patterns and other special information, such as the following:

S A M P L E

Name of Child MELISSA DAVIS

Slept from 11 pm to 6 am

Had last bottle or cereal at 6:30 am

Special information Medication given; unusually fussy; unusually hungry

(EXAMPLES)

Parents should hand in these slips when there is a change in sleeping, eating, or other routine patterns.

At the end of the day, caregivers should provide parents with information about the child's day. They may use a form similar to the one on the following page.

SAMPLE

Child's Name Melissa Davis

SLEEP				
Times	8-10am	11:30-1:30pm	3:30-4:30pm	
Length	2hrs	2hrs	1hr	

Remarks

FOOD				
Time	10:15am	1:40pm		
Oz	2½	3		
Solid Food	2oz cereal			

Remarks Unusually hungry at AM feeding/ac

SPECIAL INFORMATION Loose bowel movement; Constipated; fussy; playful; very active/ac

(EXAMPLES)

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Parents should also help caregivers by sharing information about home activities. Parents should supply answers to questions such as the following in written form before leaving the child at the center:

- Does your baby like to sleep on his or her back or stomach?
- Does your baby like to sleep with a toy or a blanket?
- Does your baby drink his or her bottle quickly?
- Does your infant need to be burped frequently?
- Do you warm your infant's bottle?
- Does your infant enjoy playful stimulation?
- How do you hold your baby during feeding times?
- How do you comfort your infant when he or she is fussy?

The answers should be posted where they can be read by the caregivers.

There are many other questions that you may wish to ask. This information may then be posted on the bulletin board, in a file for future use, on the end of the crib, or above the individual infant's crib.

Suggest to parents clothing that will be appropriate at the center. Loose-fitting outfits that allow movement are the best. Sometimes parents enjoy dressing their babies in fancy clothes that are not appropriate for the center's activities. Some parents put shoes on young infants--this is not necessary at the center. Long nightgowns may inhibit infants from moving. Encourage parents to be practical--offer helpful suggestions. Ask them to provide three or four clothing changes per day. You're too busy to do daily laundry.

The exchange of information between parents and caregivers will help provide a better program for the infants at our centers. Teamwork between parents and caregivers will help create quality group care.

Chapter 3

THE INFANT CAREGIVER

One of the most important aspects of any child care program is the caregiver. The quality of the staff determines whether a program is barely acceptable or really outstanding. Staff-to-infant ratio is also critical. If there are too many infants assigned to one staff member, he or she will not be able to provide the individualized attention necessary for quality group care. The Air Force ratio for infants ages 6 weeks to 6 months is one adult to four infants. When the number of infants exceeds four, there must be additional caregivers. If there are five to eight infants, there must be two caregivers; nine to twelve, three caregivers; thirteen to sixteen, four caregivers; etc. This ratio supports infant developmental programs.

What types of qualifications should an infant caregiver possess? What personal and professional characteristics are necessary to develop an infant care program which promotes healthy social, emotional, physical, and intellectual development?

There are many qualifications which could be listed for an infant caregiver: academic, professional, and personal. The following may be used as a guide for an ideal Air Force infant caregiver:

Knowledge of Infant Development

A caregiver should be familiar with the basic stages of

infant development. He or she should know the skills infants acquire from 6 weeks to 6 months and be familiar with the best activities for each level of development.

Experience with Infants

A staff member should have prior experience with infants. People who are used to handling, holding, and caring for infants are generally more confident and competent as infant caregivers. Babies cannot care for themselves. Their eating, napping, and bowel habits require close supervision in group care. Caregivers who are familiar with young infants can better respond to each infant's schedule.

Professional Growth

A formal degree in early childhood education is not required. A caregiver must, however, have a first aid training certificate. A life-saving course is also highly recommended. Staff members should also receive fire and emergency training. In addition, he or she should:

- Attend in-service training programs;
- Enroll in appropriate courses offered at local colleges; and
- Join professional groups concerned with infant care.

Professional growth is an important component of the caregiver's job. Exciting research is always occurring in the field of infant development. Sharing and learning in a classroom or with a group of fellow staff members promote new ideas and help to keep programs and the staff creatively alive.

Enjoyment of Infants

A caregiver should enjoy being with babies. If one thinks infant care is important and professionally rewarding, he or she will approach the job with enthusiasm.

Affectionate Interaction with Infants

A caregiver should be able to express physical affection and love toward his or her infants. Infants like to be held, rocked, hugged, patted, kissed, and cuddled. They respond to affection. They are very sensitive to body language. There are many opportunities for a caregiver to show love during daily routines such as changing, feeding, playing, and talking.

Reliability and Consistency in Care

A caregiver must be both reliable and consistent. Babies learn to recognize their caregivers and begin to expect certain reactions from them. They learn through routine and continual interaction. Frequent or constant changes in a caregiver's behavior during daily routines make an unstable environment for the infant. Teamwork between staff and parents helps to provide continuity in care. However, all babies can cope with some change and learn new skills with different people and in new situations.

Patterns of Care

Caregivers must be gentle and calm with their babies. Babies learn in a relaxed environment. They do not need an overdose of stimulation. A balanced program with active and quiet times gives the caregiver the opportunity to interact with each baby. When playing with babies, the caregiver may

be energetic. Rough housing and appropriate games provide physical, social, and intellectual stimulation for infants. Planned schedule variations create a rich learning experience.

Communication with Infants

Caregivers should enjoy communication with their infants. Infants respond to human voices. By 2 to 3 months of age, babies are making cooing noises. Babies continue to learn language through listening, imitating, and being imitated. Although the baby does not talk until a later age, caregivers can provide necessary language development skills by frequently speaking with the infant. Some people feel silly talking to a baby who does not respond. Yet, a silent infant room does not help babies learn to communicate. A caregiver has to be able to talk to an infant during daily routines. Babies learn to listen to speech rhythm and sound. Full sentences provide a rich environment for language development.

Sense of Humor

A caregiver's work is often demanding and tiring. A sense of humor adds spice or richness to the day. A sense of humor also helps a caregiver to laugh and enjoy playing with infants.

Patience with Infants

Patience is an important quality to possess. Infants respond at their own rates and do not need to be rushed into new skills. Patience is required when a baby has been fussy all day. Sometimes there is little a caregiver can do to comfort a baby. By trying different approaches, a solution may eventually be found.

Confidence in Self

A caregiver needs to feel that he or she can provide quality care. Staff training and support from the director help to build self-confidence. There are many new skills that a caregiver gains on the job. Constructive suggestions and praise (as opposed to continual criticism) help to develop a positive professional image in the caregiver.

Cooperation with Others

During the day, the infant caregiver interacts with other staff members. Infants are located near other groups of children. Staff in different areas have to plan schedules and perhaps share certain facilities. The ability to get along with parents is also important. Coordination of schedules and communication with parents are important. A caregiver will be continually cooperating with other staff members and parents.

Importance of Good Health

The person who works with infants must have good physical health as this type of position requires energy and enthusiasm. Poor health or general fatigue reduces a caregiver's effectiveness. Infants can easily be affected by communicable diseases. If a caregiver is ill, he or she should not come to the center. Only personnel who have passed a thorough medical examination should be hired. Medical examinations should be required annually.

Respecting Individual Differences in Babies

Although babies go through the same developmental stages, each one is unique and has his or her own way of reacting.

Caregivers who respect each baby as an individual are able to respond to that infant's special patterns. Caregivers can identify those babies who like active play and those who enjoy observing. Staff can vary the activities for their infants to teach them new skills and encourage development in other areas. A caregiver will also realize that babies have different patterns of napping and feeding. The infant who cries before a nap is not spoiled. This baby simply requires help in settling down. Each baby is different in his or her own special way.

Management Skills

Supervising an infant program requires management skills. Each day, the caregiver has to arrange a schedule for the babies in the program; keep feeding, napping, and diapering records; note developmental progress of each baby; and prepare for all activities in advance so that babies do not have to wait for long periods of time.

The caregiver also has to be flexible and expect changes. Little babies vary in day-to-day behavior. Often the caregiver has to rearrange his or her schedule. A times, the caregiver may feel as if he or she is constantly juggling different activities. Yet, for quality group care, schedules should reflect the infant's requirements. Unfortunately, in many child care centers, the infant is adjusted to the schedule. The caregiver has the opportunity to establish a loving and stimulating relationship with his or her infants. With careful planning and consistent care, the staff in the infant room can provide an appropriate developmental program for each baby.

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Chapter 4

INDIVIDUALIZED SCHEDULES FOR INFANTS

Feeding

Each infant has a somewhat different feeding schedule. To make the change from home to center as smooth as possible for the baby, have the parent complete a daily information sheet similar to the one in Chapter 2. This information must be available to the caregiver, either on the bulletin board or on the child's crib.

An infant builds trust in the person who feeds and cares for him or her during the first few months of life. For this reason, it is desirable to have the same person care for the same group of infants on a daily basis.

The type of formula or food the baby eats at the center will vary according to the instructions given to you by the child's parents and pediatrician. The food and sterilized bottles of formula must be supplied by the parents. Previously opened food must not be accepted at the center. If a baby needs an additional feeding during the day, nipples, caps, and bottles can be sterilized

by boiling them in a saucepan on the stove for 25 minutes or washing them in the dishwasher.

Feeding time can be one of the best times of the day for both the baby and the caregiver. Seldom do you have an occasion to sit down during the day; therefore, you should welcome this opportunity. You must be relaxed, organized, and prepared before mealtime arrives to have a successful experience. Interruptions during mealtime can be decreased or eliminated by asking yourself these questions:

- Is the food ready?
- Are the bowl, spoon, bottle, bib, food, washcloth, and towel or diaper at arm's reach?
- Are the remaining infants who are on the floor or in the crib safe, dry, and comfortable?
- Is your chair located so that all of the babies are in view during the meal?

An infant must be held for bottle feeding. Propping a bottle for a young baby is dangerous. Formula may flow too quickly from a propped bottle and could cause a child to gag, vomit, or suck milk into the lungs and choke.

- Check the size of the nipple hole before feeding the baby.
- Hold the bottle of milk upside down and shake it.
- The milk should drip fairly rapidly but should not come out in a stream. Too small nipple holes make the baby work too hard and he or she will tire before being satisfied.

- Nipple holes that are too large cause the milk to flow too fast and may cause the baby to gag or get full before satisfying the sucking instinct.

While the quantity of formula taken at a feeding will vary with different infants of the same age and with the same infant at different feedings, average amounts can be stated as follows:

Age	Avg Single Feeding
1-2 wks	2-3 oz (59-89 ml)
3 wks-2 mos	4-5 oz (118-148 ml)
2-3 mos	5-6 oz (148-177 ml)
3-4 mos	6-7 oz (177-207 ml)
4-12 mos	7-8 oz (207-237 ml)

The estimated amounts of formula an infant takes in a 24-hour period can be calculated by using the following equation:

Infant's weight in lbs X 2.5 = no. oz formula needed

(EXAMPLE: 10-lb infant X 2.5 = 25 oz formula needed)

This is a general guideline; infants' needs vary from day to day and from infant to infant. Maximum amounts should not exceed 32 to 35 oz; therefore, this cannot be applied to older babies.

The number of feedings in 24 hours also varies, but an average could be:

Age	Avg No. Feedings
1st month	6-7
1-3 mos	5-6
3-6 mos	4-5

Sit in an armchair or rocking chair with the baby in a semisitting position and the head in the crook of your arm. Hold the bottle at an angle so the nipple and cap fill with formula. If you don't do this, the baby may take in air. Air in the baby's stomach causes him or her to feel uncomfortable. Like an adult, an infant's appetite varies from day to day. Don't coax him or her to finish the formula at each meal. On the other hand, if it appears the infant needs more milk, ask the parents to increase the amount of formula. Bacteria grow rapidly in milk; thus, a baby should never be given an unfinished bottle unless he or she finishes it within an hour. Rinse the empty bottle cap and nipple before placing them in the infant's diaper bag. Rinsing cleans but does not sterilize. The parent must be told that the baby's bottles were not sterilized at the center.

Most babies swallow some air during the feeding. They must be burped once or twice during and after a meal. Hold the baby in an upright position with the head near your shoulder, or place on his or her stomach in your lap, or hold in a sitting position. Rub or pat the baby's back.

Welcome the mothers who come to the center to breast feed their babies. This is an excellent time for caregiver and parent interaction and also gives the parent an opportunity to see the quality care provided in the Air Force child care center. Provide an armchair for the mother to breast feed her baby. If she prefers privacy during feeding time, perhaps a partition could be set up somewhere in the infant room. Discuss in advance with the parent the procedures to follow if she cannot come as scheduled. If the mother is unable to come as scheduled, feed juice or a backup bottle that has been provided by the parent.

Nutritionally, the infant does not require solid foods until after 6 months of age. Prior to this, a normal quantity of formula or breast milk will be adequate for growth.

Physicians have different thoughts about solid food feeding practices. Although no solid food is actually required until 6 months of age, some doctors feel it is needed at an earlier age. Follow the physician's and parents' instructions.

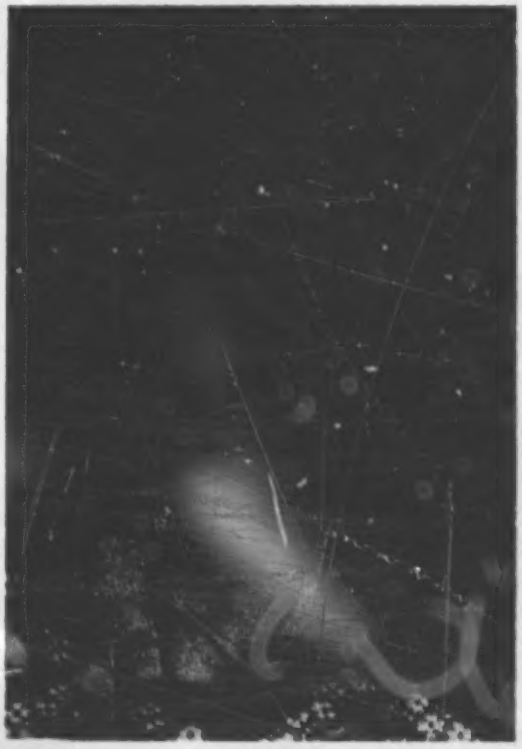
It is still common practice, however, to begin cereal at 4 to 6 weeks of age and add vegetables, fruits, and then meats one after the other at a few week intervals, so that many infants are on a full range of strained foods by 5 to 6 months. There is nothing improper in this as long as the parent realizes that if the infant refuses a solid, no harm is done.

A more common-sense approach would be to add solids before 6 months when it appears that a milk diet is not satisfying the baby unless more than the recommended amounts are taken.

Generally, solids should be added one at a time and not introduced more often than every week or two.

Ensure that all supplies and food are ready before mealtime.

Food must be fed to the infant from a dish or bowl. Label and refrigerate unused portions of the food in the jar. Discard all food that has been in contact with the feeding spoon and has been open for 24 hours.



Infant seats are convenient for feeding solid foods. Fasten the straps and stay within arm's reach of the infant being fed.

Some babies prefer being held while eating solids. To keep little hands from slapping the spoon during feeding, the baby's arm next to you can be placed under your arm. This

position gives you a free hand to feed and one to control the baby's other waving arm.

Research shows that infants need tender loving care along with food to thrive. Mealtime is one of the most opportune times to interact with the baby. You should talk, smile, and interact with an infant in a natural and normal way. It is alright to think out loud during mealtime and say, "What a busy day this has been!" With practice, the artificial feeling that occurs when conversing with the very young child will disappear.

Diapering

Diapering can be done either on a counter or table. For easy cleaning and comfort for the baby, a plastic-covered foam pad should be placed on the changing surface.

Germs and infections spread rapidly in the diapering area. After each diaper change, the area must be sanitized. A spray bottle with 1 quart of water and 1 teaspoon of bleach is a convenient, inexpensive sanitizing agent to use in the infant room. Regardless of the ages of children in the infant room, all disinfectants and cleaning agents must be placed on a high shelf out of a child's reach.

Before the changing process begins, thoroughly wash your hands. All of the necessary items (disposable diaper, masking tape, wet washcloth, paper towel, toilet tissue, plastic bag with stay-tie, and ointment) must be on hand.

Never leave an infant alone on the changing table. Always stay within arm's reach of the infant being changed. If you are interrupted during a change--and it will happen--temporarily place the baby in a crib until the emergency is corrected.

Place the infant to be diapered on his or her back on the changing table. Before changing, put a paper towel under the baby's buttocks and diaper. Remove the pins or tape from the diaper and stick the pins in a bar of hand soap which is out of the reach of the infant. This helps the pins to slide into the diaper with ease and makes a good-smelling and safe pin holder. Masking tape can be used to fasten disposable

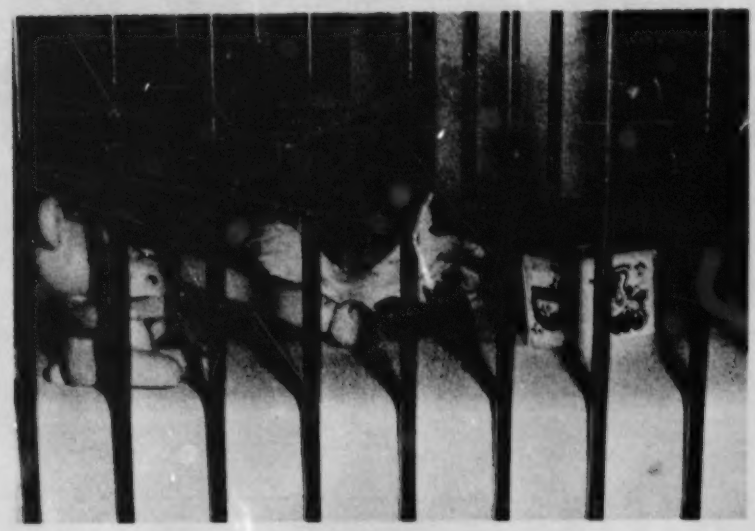
diapers when the tabs tear or don't stick properly. Disposable diapers should be supplied by the parents of the infant. If the parent does not bring disposable diapers, use the center's supply and note the charge on the infant's record.

Hold the baby's ankles between your thumb and middle finger and lift his or her hips high enough to remove the soiled diaper. Use toilet tissue to clean the buttocks. Wash the genital area with a washcloth and warm water. Wrap the soiled diaper in the paper towel and place it in a plastic bag. Use a stay-tie or knot to seal the plastic bag before discarding it in the trash. This helps avoid offensive odor in the room and is more sanitary than placing the soiled diaper directly in the trash. (A roll of plastic bags the size of those used for vegetables at the grocery store is inexpensive and convenient.)

Raise the baby's legs and hips high enough to slide the clean diaper under his or her hips. Use oil, lotion, powder, ointment, or cornstarch after cleaning the genital area. Petroleum jelly mixed with cornstarch makes an inexpensive yet effective ointment for diaper rash. To avoid the spread of infection, use a clean tissue, cotton ball, or tongue depressor to remove the ointment from the jar. Pull the front diaper panel up between baby's legs. The back diaper panel will overlap the front.

With your fingers between the baby and the diaper, secure adhesive tape or insert the pin, putting the pinhead toward the back of the baby to avoid sticking the baby should it open.

Place baby in a comfortable position on the floor, in a crib or other safe area while you disinfect the diapering area and wash your hands. Although handwashing is a task easily overlooked on a busy day, it must be done. A sign near the diapering area may be a helpful reminder.



Wet or soiled diapers must be changed. Check an infant's diaper every hour, before and after feeding, before and after napping, and prior to going home. The napping infant with loose bowels (diarrhea) must be changed immediately. Do not wake the infant who urinated while sleeping.

Diapering is one of the most important routine activities in the infant care program. As is true with feeding, diapering can be a pleasant experience for the infant if you are gentle and relaxed. While the infant enjoys the comfort of a dry diaper, it is a good time for you to talk, smile, exercise, touch, and play peek-a-boo. These activities are all part of an infant's total developmental experience. You should remember to include these diapering activities when you talk and write to a parent about the program in the infant room.

Napping

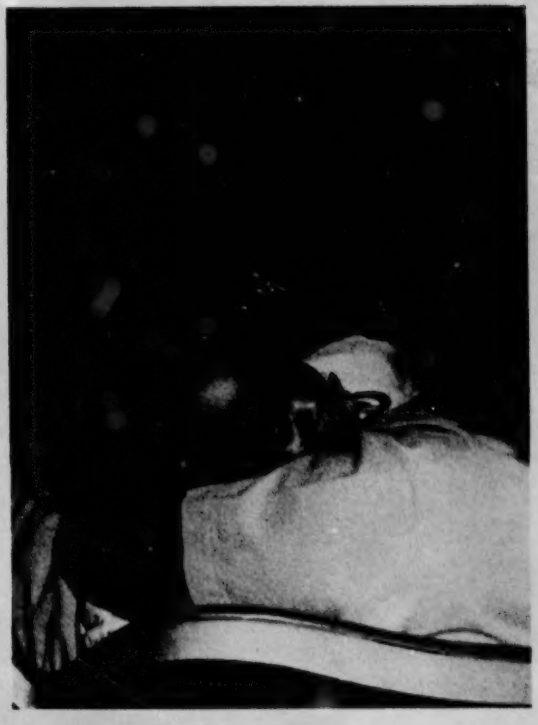
Naptime in the 6-week to 6-month infant area will be unlike the scheduled rest time in the other rooms at the center. The time for napping, just as feeding, will depend upon the individual needs of the infant. Rarely will all infants be napping at the exact same time. Each infant develops individual sleeping patterns which will vary from day to day. The young infant normally takes two long naps during the course of an 8-hour day. As the infant gets older, he or she sleeps less.

Infants have different kinds of sleep and active stages throughout the day. Researchers call these stages infant states. It will help you to understand the infants you care for if you recognize the different states they go through during the day. Peter Wolff, an English pediatrician, has described the seven states of a young infant:

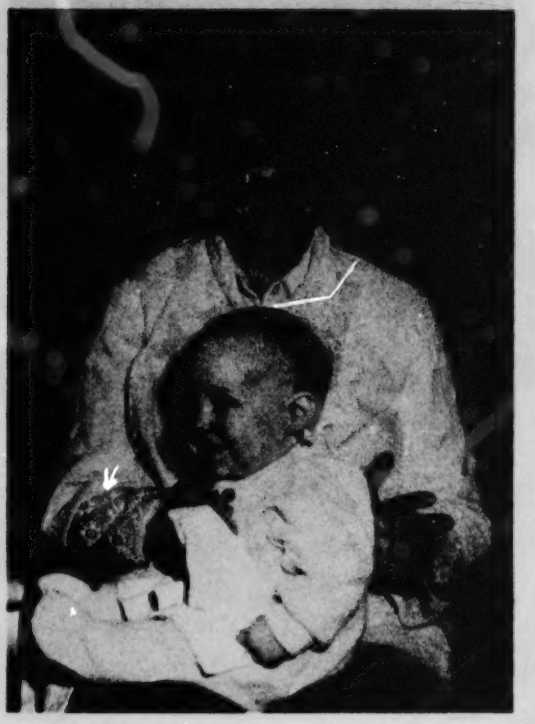
- Regular Sleep. The infant lies still with his or her eyes closed and unmoving. Breathing is even and the skin is pale.
- Irregular Sleep. The infant will jerk and startle. The eyes are closed but move at times. The breathing is irregular and the skin may be flushed.

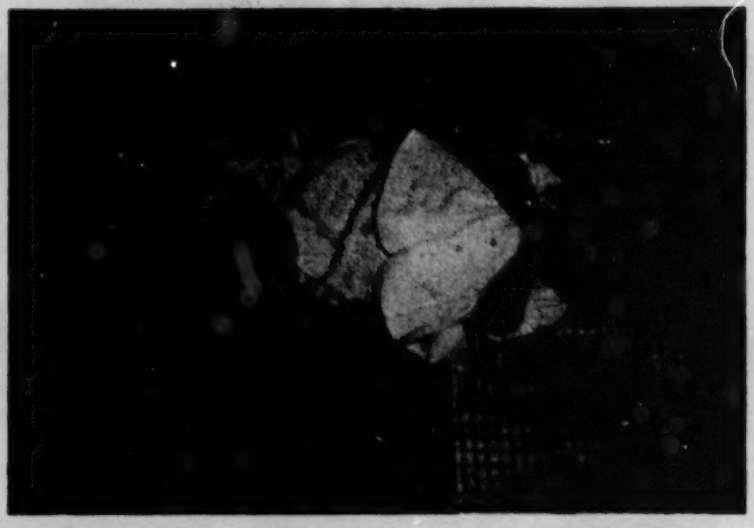
- Periodic Sleep. The periodic sleep is a combination of irregular and regular sleep states.

- Drowsiness. The infant's eyes look glazed and open and close irregularly. Breathing is faster than in regular sleep.



- Alert Inactivity. A baby in this state is wide awake with his or her shining eyes open and looking with interest at the surroundings. The body is usually quiet and breathing is fast and irregular.





- Waking Activity. A baby in this state is awake but the eyes don't focus as often as when he or she is alert and active. The baby moves and twists his or her body for short periods of time and then has short quiet periods.

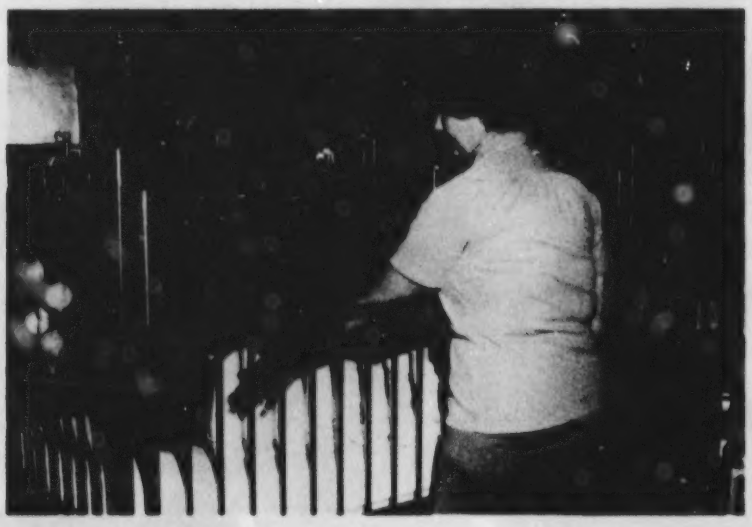
- Crying. This state has many active and varied movements. An infant may continue to cry in this distressful manner until he or she is comforted.

It is important that you ask the parent how the baby rested during the night. Record this information on the daily chart. The child care center is a link between home and school so it is important to create a homelike atmosphere in the infant room.

The transition time from meal- and playtime to napping can be a difficult time for both you and the infant; however, it will help you get to know the likes and dislikes of the infant. It is important that you respect each individual infant's unique disposition and act accordingly.

Each infant will have acquired habits and routines by the time he or she is enrolled at the child care center. A baby might prefer to play alone before naptime. Another infant may need to be rocked and talked to for a short period of time. A soothing technique for any baby is to have the caregiver sing or hum to him or her. Never mind that you aren't ready for grand opera; it's the sincerity in your voice that counts--a

baby doesn't care whether you're in or out of tune. Another good technique is to rub or pat an infant's back after putting him or her down for a nap. However, time may not permit you to rub the infant's back until he or she is asleep, so you might place a stuffed toy on the infant's back to give him or her assurance and support. Another relaxing method for the infant is for you to gently rub your thumb on the infant's temple--the flat surface beside the forehead. Soft phonograph or radio music also will help create a homelike atmosphere. Regardless of the transition technique you use, it must be done in a calm, gentle, natural, and relaxed manner. Never show displeasure or get upset when an infant sucks his or her thumb or needs a pacifier or security blanket.



The infant should be placed in a crib on a firm mattress covered with a clean sheet, without a pillow. Also, place bumper guards or pads in the cribs occupied by the 6-week- to 6-month-old infants. The body position in which the baby is

placed depends upon how the infant is most comfortable. Since the baby can't tell you how she or he wants to sleep, a good rule of thumb is to place the baby on his or her stomach with the head turned to one side. This position helps relieve any gas pains the infant might have. Note on the infant's record the preferred sleep position at home.

Toys should be removed from the crib at naptime, with the exception of mobiles or a favorite cuddly. The room should be well-ventilated and free of unpleasant odors. Whether the body is covered with a blanket will depend upon the infant's sleepwear and the room temperature. Some infants may prefer to be wrapped snugly within a blanket before being put down for a nap.

You must check the sleeping infant periodically to make sure nothing is interfering with his or her breathing. One caregiver must always stay in the infant room whether the babies are asleep or awake.

Too often a baby is left in the crib after he or she wakes up from a nap, and, as a result, the infant becomes irritated and fussy. It is important that the infant be taken from the crib soon after awakening. After naptime should be one of those very special interaction times for you and the infant. You must remember to take advantage of those few minutes before the next baby wakes. It isn't the length of time you spend with each infant during the day but what you do with the infant that counts.

SAMPLE

INFANT ROOM DAILY ATTENDANCE								DATE	
Bed Nr	Child's Name	Record time of day event occurred						Remarks	Initial
		Arrival	Nap	Bottle	Solid Food	Bowel Movement	Departure		
6	Megan Wright	0645	1000-1100 1400-1500	0800 1130	0745	0830 1200	1600	PM - 1005 BM	ac
3	Amber Walker	0715	1100-1400	1015 1430	1000	0745	1530	Didn't eat cereal AM	ac

Keep a daily record of all infants in your room on a chart similar to the one above.

Chapter 5

LEARNING ENVIRONMENT FOR YOUNG INFANTS

During the first 6 months of life, there are rapid changes in social, physical, and intellectual development. A baby is constantly learning new skills. He or she learns through interacting with the environment. Thus, a program should be designed and organized to reflect the individual level and temperament of each infant. This should include a plan for a daily schedule which encourages social, physical, and emotional growth.

To plan an appropriate environment for an infant, you must be familiar with normal patterns of development. Use the following as guideline descriptions of age-related skills and characteristics. Remember, behavior of infants varies, so the following guidelines refer only to an average age.

General Characteristics of Infants--6 Weeks to 2 Months

By the time an infant arrives at the center, he or she has already adjusted to routines at home. Parents are able to provide valuable information about their child's development and preferences.

A baby at this age is already social and has developed patterns of interaction with adults. For example, a baby responds to being rhythmically patted, rocked, and carried. When held against the chest and shoulder in an upright position, the baby will normally become quiet and attentive and will listen and observe in this posture. Remember to support the baby's back and head when holding him or her in this position.

An infant at this age will focus on objects from 8 to 10 inches away. He or she can see the outside lines of faces and objects and can follow horizontal movement for a short distance.

A baby will also listen to sounds at this age and will pay attention to a different sound. But, the infant has not learned to associate a sound with the object which makes it.

Although the head is still wobbly and requires support, a baby can lift the chin about 2 inches off the mat.

A baby is sensitive to being touched, feels changes in temperature, and will continue to clutch objects in a closed-hand reflex.

An infant at this age continues to have fussy periods. Find out from parents which patterns of comforting are successful: walking, rocking, wrapping securely in a blanket, lying on stomach with rhythmic patting (either in a crib or on the parent's lap), singing, and so on. A baby is communicating some type of distress when crying. A baby who cries frequently is not spoiled but rather is experiencing some type of discomfort. Sometimes a baby has to cry to let out tension or pain. Always try to comfort the baby. Be patient.

2 to 4 Months

At this age, a baby begins to actively participate socially and smiles when seeing faces. The infant learns to laugh, imitate, and focus on the eyes and center of the face. Objects can now be seen from a distance. A baby will track horizontal, vertical, and circular movement.

At this age, cooing indicates a new phase of communication. In cooing, the infant begins to say vowel sounds with a few consonants. The infant learns to reproduce sounds. By talking and responding to a baby, you can encourage more language development.

At 2 to 4 months, a baby pushes up on his or her hands and can lift chest and head with better head control. The arms move together, and an infant will begin to reach, holding onto objects for a brief period of time.

At this age, a baby will discover his or her hands and will focus on hands and fingers and delight in looking at and watching fingers move.

The baby can also identify sounds with objects. If the infant hears a familiar caregiver's voice, he or she learns to expect to see the caregiver. If a baby has a favorite rattle and hears the sound, he or she will expect to see it.

4 to 6 Months

An infant's ability to make his muscles work together continues to improve. He or she can sit when supported and has learned to reach and grasp. The use of the thumb and increased wrist flexibility help a baby to pick up smaller objects. The baby will examine toys carefully and can let go of one toy to pick up another.

During this period, a baby will learn to roll from back to side. Some babies might begin to crawl or pull themselves up to a standing position. Others spend most of the time observing toys and people. Don't forget that babies develop skills at different rates.

An infant starts to babble using both consonants and vowels and communicates with people and toys that are familiar. A baby notices when a favorite person leaves or a toy disappears and often vocally protests. The baby responds now to his or her image in the mirror and babbles and smiles.

When a baby makes a sound like "da-da" or "ma-ma," adults generally respond with pleasure by repeating the sound. This

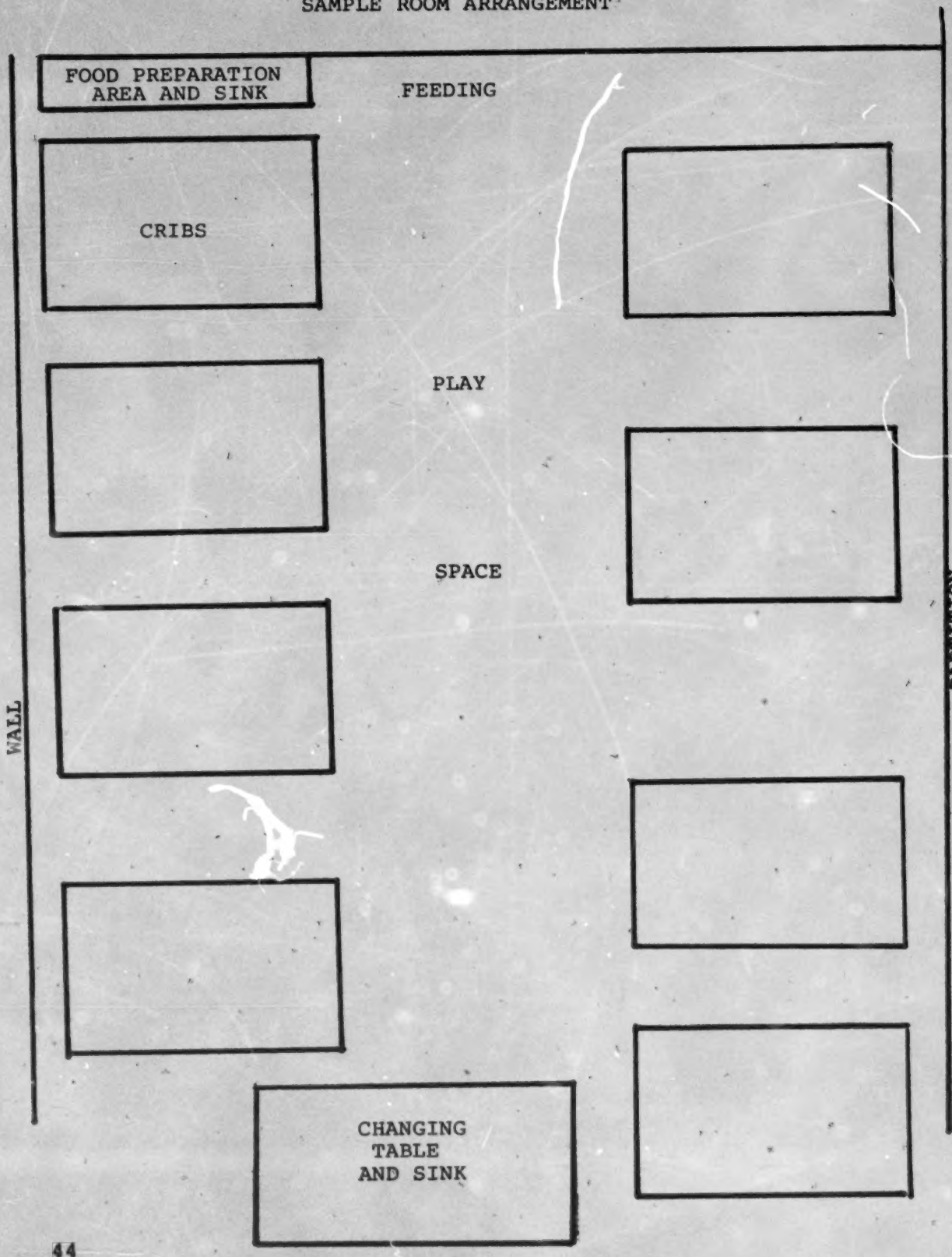
is part of language development; an infant learns by being imitated and having sounds repeated.

At 4 to 6 months, the infant is becoming more observant of the environment. Objects and patterns are carefully studied. Sounds become associated with coming events...the opening of a door with a person. The infant becomes attached to familiar people and routines.

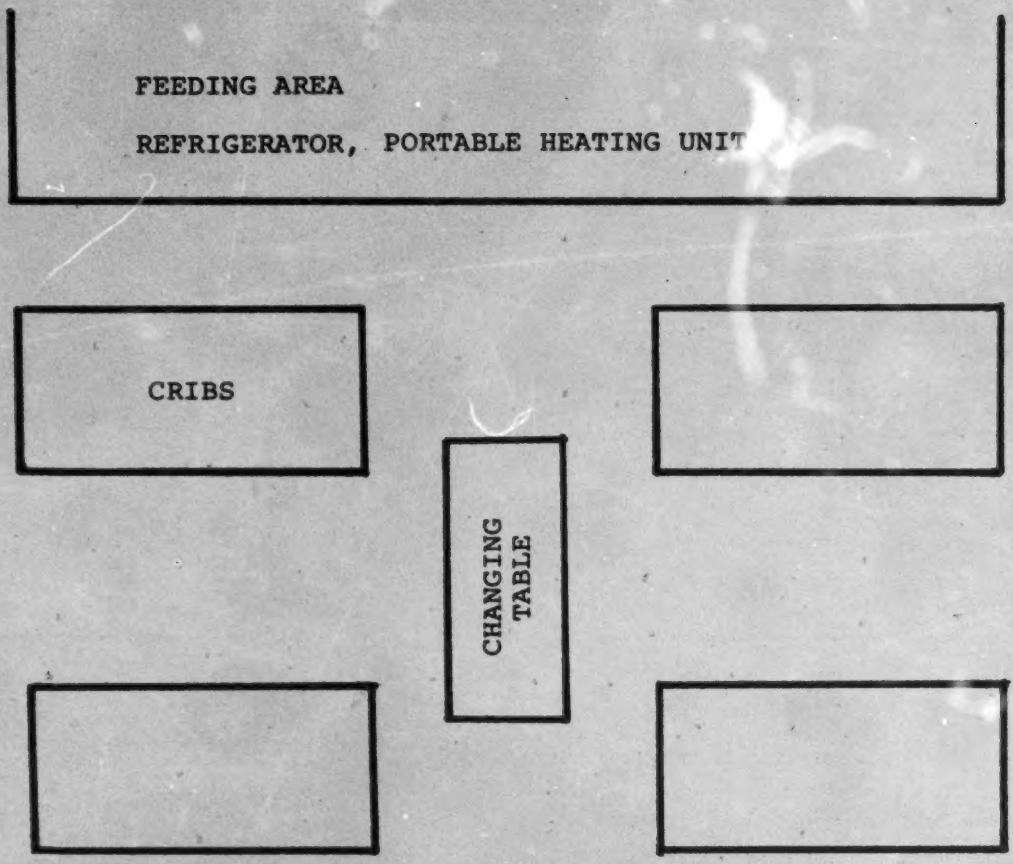
Room Arrangements

A good room arrangement is needed for a program for infants. Infants 6 weeks to 6 months need to be separated from older children in group care. They catch colds and other infectious diseases easily. They need free space on the floor away from toddlers and busy activities--space to explore and observe. Partitions can separate infants from other groups or infants can be in a separate room.

SAMPLE ROOM ARRANGEMENT



SAMPLE ROOM ARRANGEMENT



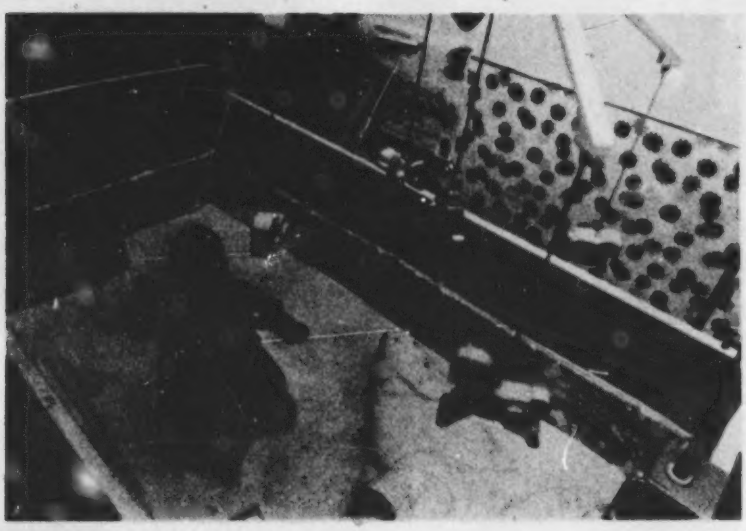
There should be an open area for play. An infant needs variety when awake and should be taken out of the crib to play in different areas. A rocking chair for each caregiver will make daily routines like feeding more pleasant and provide a homelike atmosphere. Brightly colored pictures on the walls and designs on the ceiling can add variety. Place pictures where babies can see them when lying in cribs or on the floor. Put colorful bumper guards in the cribs and have musical mobiles in the cribs for younger infants.

Activities for the Youngest Infant--6 Weeks to 2 Months

- Talk and sing to the baby
- Whisper gently, then talk louder
- Vary your voice pitch
- Let the baby listen to different sounds
  - bells
  - musical charms
  - soft music
- Touch the baby with different fabrics
  - terry cloth
  - cotton
  - velour
  - wool (if the baby's skin is not too sensitive)
- Gently move the baby's arms over the head
- Touch each finger
- Place your finger in the baby's hand to grasp
- Move each finger gently
- Stroke the bottom of the baby's foot with different textures

- feather
- terry cloth
- and so on

- Touch each toe
- Move the legs
  - turn baby on back
    -- bend the legs
  - turn baby on front
    -- move legs gently up and down
- Focusing
  - hold the baby in your arms 8 to 10 inches away from your face
  - put a toy in front of the baby
  - let the baby watch the mobile



- hold bright pictures for the baby to see
- show the baby finger puppets

- move an object in a horizontal line slowly above the baby's face

- Combine singing and talking with activities

2 to 4 Months

- Let the baby see your face
- Talk with the infant in full sentences
- Say and sing nursery rhymes
  - patty cake
  - move the baby's hands
- Play peek-a-boo
- Use finger and hand puppets and say short rhymes
- Show the baby picture books
- Imitate the baby's sounds

- Motor skills
  - place the baby on a mat on the floor
  - let the infant push against your hand or a wall with his or her feet
  - put a toy in front of the baby just out of reach
    -- see if the infant creeps toward it
    -- encourage the baby to move by holding the toy in front of the baby
  - put a cradle gym in the crib for the baby to kick and bat at

  - pull the baby up gently with your hands

- help the baby hold a rattle
- play different types of music
- place new mobiles in the crib

- carry the baby to see different areas of the room
- let the baby feel different textures
- let the baby look in a mirror
  -- talk to the baby in the mirror

NOTE: Babies like to put objects in their mouths. Do not leave small objects within a baby's reach which can be swallowed.

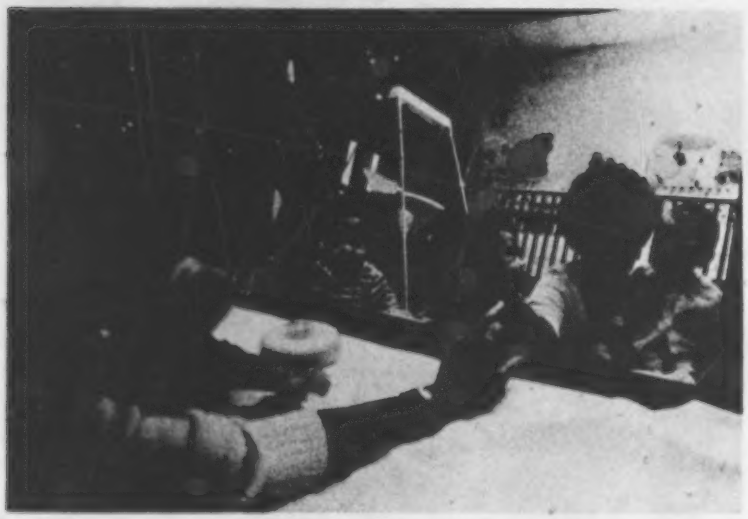
4 to 6 Months

- Talk to each infant in full sentences
- Imitate sounds
- Say nursery rhymes
- Play nursery rhyme games

  -- patty cake
- Talk about what the baby is doing
- Explain what you are doing to the baby
- Play different types of music

  - nursery songs
  - folk songs
  - lullabies or soft music
- Let the baby play with rattles, bells, and chimes which make different sounds
- Prop the baby up against pillows or in a jumping chair
- Put several toys within the baby's reach

- Give the infant toys which are easy to grasp
  - provide several at a time
- Let the baby observe in different areas
- Let the baby hold a cup, small pan
- Put an object in a small pan
- Place the baby on his or her stomach on a mat
  - put the toys just out of reach



- Use a large, nonbreakable mirror on the wall
  - let baby look in the mirror
  - let the baby touch the image in the mirror
  - move the baby's hand in the mirror
  - talk to the baby in the mirror

- Change crib gyms
  - use gyms with rings baby can hold on to
  - different objects baby can kick at
  - objects which baby can grasp

- Hide objects under the blanket
- Play peek-a-boo
  - the baby is beginning to look for familiar objects
- Use finger puppets
  - let the finger puppets play hide and seek
  - "Where's (name of puppet) ?"
  - "There it is!"
- Let the baby sit on a caregiver's lap and look at picture books together
  - read some of the words

- Let the baby feel different textures
  - let the baby feel and splash water
  - metal
  - wood
  - have a texture ball with different strips of materials that the baby can feel

You can ultimately develop your own list of activities using these suggestions as basic guidelines. An enriched learning program incorporating a baby's sense of feeling, touch, hearing, sight, motor development, and communication skills can be designed for each infant program.

Safety Considerations

The learning environment for infants should adhere to the safety regulations outlined in AFR 215-1, Volume VI (to be renumbered AFR 215-27). Infant caregivers should be familiar with fire detection/supression systems installed in the facility. They should be aware of smoke control doors and devices and the need to keep them operating and unobstructed. Self-inspections should be conducted frequently to ensure safe housekeeping practices are being observed in the infant area. Staff members should be aware of their individual duties in emergency situations.

Keep a record of the new skills babies who attend the center regularly learn. Record the date when the skill is first noted. A sample checklist is provided below. Have the regular caregiver fill in the chart.

S A M P L E

Name of Child _____ Skill	Date
Lifts chin 2" off mattress	
Holds onto an object	
Can follow vertical movements	
Can follow circular movements	
Listens & quiets when hears new sound	
Smiles	
Coos	
Moves arms together	
Moves legs together	
Kicks rhythmically	
Creeps	
Pushes up on arms & lifts head & chest	
Holds onto object	
Smiles & coos at familiar faces	
Bats at objects	
Babbles--uses lots of vowels & consonants	
Laughs	
Holds head steady	
Brings hands together	
Sits with support	
Cries when familiar faces & toys disappear	
Sits with support--head steady	
Smiles at face in mirror	
Reaches for objects	
Holds onto objects	
Moves forward on elbows & knees	
Turns from back to side	
Turns from stomach to side	

Chapter 6

ILLNESSES, DISEASES, AND SKIN CONDITIONS

Symptoms of Illness

Check each child daily for symptoms of illness. If the baby is unusually pale, tired, irritable, listless, restless, fussy, or drowsy, review the daily information sheet to see if he or she slept and ate well before coming to the center. After you have become familiar with an infant's daily habits or routines, you will learn to recognize signs of illness. If the infant shows abnormal signs, check temperature. If the infant's rectal temperature is 101° or over, the parent must be called to pick up the child (rectal temperatures are usually about 1° higher than the mouth temperatures). Never diagnose an infant's illness. Make notes on the daily chart of the time you first became aware of the illness and the symptoms you observed. Check the following areas on each baby for signs of illness:

- Eyes
  - inflamed
  - oozing or discharge
  - glassy
  - watery
- Ears
  - discharge
  - red or flushed
- Skin
  - pale/flushed
  - rash
  - infection

- bruises
- cuts
- flaky skin
- sweaty

- Nose
  - heavy discharge and/or sneezing
  - stuffiness and congestion
- Breathing
  - wheezing
  - irregular
- Genital area
  - redness
  - soreness
  - rash
  - swelling
- Throat
  - unusually red and irritated
  - blisters in mouth
- Other possible symptoms of illness
  - coughing
  - vomiting
  - diarrhea
  - lack of appetite
  - fever of 101° (rectal) or above

Taking the Infant's Temperature

The infant's temperature can be taken by placing a thermometer along the baby's groin area--the crease between

the upper leg and body. Hold the baby's leg against his or her body for 3 minutes before removing the thermometer. A similar method can be used by placing the thermometer under the baby's arm for 3 minutes. The normal skin temperature should be 97.6°; if the skin temperature is 100°, a rectal temperature should be taken.

You can also take the infant's temperature rectally. (A rectal thermometer has a larger bulb at the tip than an oral thermometer.) Before you insert the thermometer in the baby's rectum, shake or snap the thermometer with your wrist several times until the mercury falls to 95°. To ease insertion of the thermometer, put some petroleum jelly on the tip of it. Lay the infant on his or her back on top of the diaper changing surface. Raise the infant's legs with one hand and, using the other hand, gently insert the thermometer about an inch into the rectum. Hold the thermometer in place for 1 minute, then remove and read it. Never leave an infant unattended while you are taking his or her temperature.

You can lay the thermometer aside and read it after you diaper the baby. The mercury will not change until you shake it back down. The normal temperature rectally is 99.6°; if it is above 101°, the parents should be contacted. Wash the thermometer with water or rubbing alcohol before placing it back in the container.

Another way to take a rectal temperature is to lay the baby across your knees on his or her stomach. Holding the infant's buttocks apart with your fingers and holding the infant's legs

down with your forearm of the other hand, carefully insert the thermometer in the rectum.

Never put a glass thermometer in an infant's mouth. In an emergency, you may use an oral thermometer to take a rectal temperature.

Giving Medication to Infants

Each base has existing medication guidelines and policies at the child care center. You will follow the same directives for the 6-week to 6-month infants as for the older children at the center.

Only doctor-prescribed oral medication in the original bottle can be given. Follow the directions on the label. Never give any more than the prescribed dosage. You must check all medication to be sure the prescription has not expired. Never give an infant medication from a bottle with another family member's name on the label. The medication must have the infant's name on the label as printed by the pharmacy.

Only specifically designated and instructed staff or parents of the child may give medication at the center. The director of base medical services will determine the staff qualifications and provide the required instructions.

Before medicine can be given, the parent must sign a locally designed form requesting the giving of medication. Never give medication without written permission from the parent. A form similar to the one on the next page must be completed by the parent EACH DAY the medication is to be given. For example, even though the parent may want to give

you one signed form for the entire week that the infant is on the medication, do not give the medication without the form that is signed each day.

S A M P L E

MEDICATION FORM		
Child's Name Megan Wright		Date 17 Jan 80.
RX # or Name, Type of Medication	Time Medication Is To Be Given	Amount To Be Given
#367841	10:00 ✓ 2:00 ✓	½ tsp
Ampicillin	10:00 ✓ 12:00 1:00 ✓	½ tsp
	asleep at 12:01; gave at 1:00 ✓	
NOTE: When medication has been given, place a check mark with your initials after the time it was given.		
REMARKS		Jacque Wright Parent's Signature

Place all medication in a locked box or hard-to-open container in the refrigerator before and after use. If a key is used, it should be placed out of the reach of children. A medicine measuring spoon makes it easier to give infants medication in the proper amounts. Sterilize the spoon before use. Liquid medicine should not be poured out of the bottle toward the label. It might spill on the label and cover the instructions. Only persons designated by the director may give medication.

Communicable Diseases and Skin Conditions

In group care, unless precautions are taken, communicable diseases can spread rapidly. An infant with symptoms of a communicable illness or skin condition should be placed in the isolation room. Infants must not be left unsupervised in the isolation room. Contact the infants parent and tel him or her that the infant needs to be taken home immediately.

If a baby develops a communicable disease at home (like measles), parents should notify the staff at the center. Staff can watch for symptoms in other babies and inform the other parents about the disease--post a notice on the lobby bulletin board.

Common Infant Diseases

Disease	Symptoms
Common Cold	Runny nose, sneezing, watery eyes, coughing, fever
Impetigo (consult physician)	Skin infection, small red bumps with blisters (later become crusted), spreads rapidly to other parts of body; requires antibiotic ointments
Lice (consult physician)	Collects on head; itching scalp; medication required
Pin Worms (consult physician)	Excessive itching around rectum; spread by worm eggs or by touching infected area; medication required
Scabies (consult physician)	Mites bury under the skin and lay eggs; areas become infected; raised reddened areas with severe itching
Thrush (consult physician)	Yeast infection; appears in mouth and genital area; white blisters; requires medication

Bronchitis (consult physician)	Virus infection in breathing tubes; hacking cough, heavy breathing, sometimes wheezing
Diarrhea (consult physician)	Runny stool, change in color (frequent diarrhea requires immediate attention); side effect: dehydration
Infectious Hepatitis (consult physician)	Caused by infected bowel movements and/or urine; symptoms are fever, headache, stomach pain, listlessness, and diarrhea; to avoid, wash the diaper area with antiseptic after each changing and wash hands before and after each change
Measles (consult physician)	Red eyes and nose, sore throat, fever; after 4 days, blotchy rash appears
Rubella (German Measles) (consult physician for proper diagnosis)	Mild fever, sore throat, runny nose, tiny pink rash. Notify pregnant mothers of disease immediately

Chapter 7

MEDICAL EMERGENCIES

Choking

The infant who chokes usually does so because he or she has choked on liquid or solid food while eating or has vomited. Small amounts in the upper airway are usually expelled without further problem.

Place the infant on his or her side, preferably with head down. If coughing actively, continue to observe only. If the infant continues to choke, pat vigorously on his or her back.

For the older infants, the mouth should be searched for solid food particles or other objects and removed with fingers.

If an infant who recovers from a choking spell has difficulty breathing, a wheeze, or persistent cough, parents should be asked to have him or her examined by a physician.

Convulsions

Most seizures (fits) in children are self-limited and will cease within a few minutes without therapy. The infant should be placed on a bed or soft surface and gently restrained. Since most seizures cease within a few minutes, it is usually best not to move the baby at this time. Contact the parents. If the seizure persists longer than 5 minutes, preparations should be made to get the baby to the nearest medical center.

During the seizure, no attempts should be made to give oral medication or to sponge to lower body temperature.

Stops Breathing

Some infants breathe irregularly. Some, for instance, will breathe regularly for several seconds, then not breathe for 10 to 15 seconds, then resume regular breathing. This periodic breathing can be normal but should be reported to the physician by the parents for possible further evaluation.

In an infant, if breathing ceases for more than 15 to 20 seconds, perform CPR immediately and call the base hospital emergency room. Contact the parents immediately.

Sudden Infant Death Syndrome (SIDS)

Infants can die in their sleep. The cause of "crib death" is still not known. Infants between 2 and 4 months are most susceptible after a cold and during winter months. When a baby has not been breathing for more than 15 to 20 seconds, perform CPR immediately and call the base hospital emergency room.

SIDS is less likely to occur at a center than at home. Staff members are always present in the room where infants sleep and periodically check each baby while napping. In a home, a baby frequently sleeps in a separate room. Therefore, if he or she stops breathing, there may not be an adult present in the room.

Burns

The best first aid measure for minor burns is to apply cold water immediately to cool the injured tissues and help prevent further damage. Small burns should be washed and, if not in an area where the child will further injure it, may be left

uncovered. Otherwise, the burns should be covered with a dressing that will not adhere to the burn (sterile fine mesh gauze, vaseline gauze, or similar item).

If pain persists, encourage the parents to consult the physician.

Burns that are deep or extensive (more than 2 or 3 inches in size) should be evaluated and treated by a physician. These may be cooled and cleansed but should not be covered prior to a physician's evaluation.

Bleeding

Stop bleeding by direct pressure to the wound with a clean cloth or hand, if necessary. If stopped within a few minutes and if the size of the wound does not require stitches, put a dry dressing on it. If in doubt about whether stitches are needed, have the parents contact the physician immediately. Excessive bleeding requires a physician's treatment.

Infants may have nose bleeds. Ice may be placed directly on the bridge of the nose, and the child should be propped with his or head and shoulders elevated. This will usually stop the bleeding within a few minutes. If persistent beyond 30 to 40 minutes or if excessive, the child should be seen by a physician.

Gastrointestinal bleeding is covered later.

Eye Injuries

Remove foreign bodies from the eye with a Q-tip with the exception of those on the cornea (the dark part of the eye including the iris and pupil). If blinking moves the object

off the cornea, it may then be removed. Those that remain on the cornea should be removed only by a nurse or physician.

A blow to the eye by a blunt object such as a fist or ball will generally not need care unless bleeding occurs or pain persists. In general, all eye injuries by less blunt objects should be examined by a nurse or physician.

Potentially harmful liquids (caustic cleaners, acids, and so on) must be washed out with lots of water and the child seen as soon as possible by a physician.

Ear Injuries

Attempts by nonprofessionals to remove foreign bodies in the ear should not be made unless the object is clearly visible and can be easily grasped. Other attempts will only push the object further in and make retrieval more difficult.

Damage to the ear by a penetrating object (pencil, paper clip, and so on) must be evaluated by a physician although this is not an emergency unless bleeding occurs and continues.

Head Injuries

Most blunt head injuries sustained by children in play or usual activities are not serious and require no care unless significant symptoms develop. Factors which indicate a need for physician evaluations are:

- Loss of consciousness either with accident or later.
- Unusual sluggishness.
- Vomiting.

- Drainage or blood or clear fluid (spinal fluid) from nose, mouth, or ear.

Infants who experience blows to the head may vomit or appear sluggish. While this may not indicate a serious problem, the child does require evaluation by a physician.

Leg or Arm Injuries

Injuries to a limb followed by severe pain and unwillingness to use the limb should be splinted with cardboard or magazines and immediately referred to a physician.

Less severe injuries do not require professional evaluation when the infant continues to use the limb and when the pain does not appear to be severe.

Swallowed Objects

Objects swallowed which reach the stomach will usually pass without further difficulty.

If the infant chokes, hold him or her upside down by the ankles and whack or slap several times on the back between the shoulder blades.

Efforts to produce vomiting are not helpful. Attempts to manually remove an object may be indicated if choking or gagging is present and the object is visible in the throat.

Continuous Vomiting

Infants in the first year of life frequently vomit or spit up small amounts after feeding. As long as the infant gains weight appropriately, this is not detrimental.

Continued vomiting of larger amounts or in a forceful fashion is an indication that a physician should be called.

For the infants who vomits once but who appears well with no accompanying fever or diarrhea, it may be appropriate to offer only small amounts of clear liquids and observe for further vomiting before referral.

Diarrhea

Because of the potential disease transmission, all infants with diarrhea should be excluded from the child care center until cleared by a physician. Until that time, it is best to exclude solid food and provide boiled water only (not formula or milk). Severe diarrhea can cause dehydration.

Blood in Bowel Movement or Vomit

Small amounts of streaking blood in a hard bowel movement are not uncommon; this is the result of superficial tearing of anal tissue. This should be called to the parents' attention but is not an emergency. Bleeding from the rectum without a stool, bleeding of more than small spots or streaks with a stool, or passage of blood clots are all indications for a doctor's prompt evaluation. The infant should be kept quiet and nothing given by mouth until this is done.

Likewise, small flecks or streaks of blood in vomit after long vomiting are not rare and in itself may not be serious. The infant, however, ought to be evaluated by a physician the same day. Vomiting of larger amounts of blood indicates an emergency.

Fever

Fever in itself is not harmful unless extremely high. Temperature in the range 99° to 100.8° (rectal) may not require efforts to reduce it. Contact the parents when it exceeds 101°.

Sponging for temperature reduction is ordinarily not necessary unless the temperature exceeds 104°. Sponging should be done with lukewarm water--not with iced water or alcohol. Sponging may be stopped when the temperature drops below 104°. Notify the parents immediately for help.

Stings

Stings by bees, wasps, or hornets will usually produce only local pain and redness. They can be treated with soap and water and cold compresses. If a stinger is imbedded, it should be carefully removed to avoid further injection of venom. Consult the director for help in doing this. Inform the parents so that they can obtain medication for allergies or to relieve distress, if necessary.

If general symptoms develop (nausea, vomiting, weakness, pallor, breathing difficulty, or hives), emergency treatment by a physician is needed.

Notification of Parents

Parents should be notified of any bleeding, illness, or injuries. They should be asked as to whether they want to take their child to see a physician. When parents are unable to be reached in case of an emergency or the need for immediate treatment, the director should make the decision.

Immunizations

The following schedule for immunizations includes information concerning older children. It may be used as a reference when parents ask questions about appropriate immunizations for their infants in the child care center. For example, parents might think their baby should have a shot for measles if there have been recent cases at the center. You can then turn to this guide and find the appropriate age for that particular immunization. Post the chart in the reception area or distribute copies to the parents.

Recommended Schedule for Children

Diphtheria, Pertussis, and Tetanus (DPT)

Primary Series	2, 4, 6 mos of age
Booster	18 mos, 4-6 yrs

(Tetanus and diphtheria booster every 10 years thereafter)

Polio

Primary Series	2, 4, 6 mos
Booster	18 mos, 4-6 yrs

Measles, Mumps, Rubella (MMR)

One injection at 15 mos (this may be lowered to 12 mos in some locations depending upon disease prevalence).

Any infant beyond 2 months of age should have begun immunizations prior to entering the child care center and any infant 6 months of age should have received at least two DPT-polio immunizations.

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* Not recommended for purchase. Out-of-print (OP) titles may be available in libraries but are not available for purchase. All other titles can be ordered through the base library as mission-essential purchases required to build a reference library within the child care center.

** Especially recommended for caregivers.